



***Iowa In-State Distributors - Schedule C  
Reporting of Out-of-State Sales of Cigarettes***

Complete a separate schedule for each state cigarettes were sold. FILE IN DUPLICATE

Name	Cigarettes transferred into state of
DBA	Month Year
Street Address	FEIN No.:
City	Social Security No.:
State Zip	Cigarette License No.:

**Column Instructions**

- |  |   |
|--|---|
| 1. Date of shipment or transfer out of state.  | 5. Number of packages of 20's.                        |
| 2. Indicate how shipped: DT, Distr Truck; CC, Common Carrier; PP, Parcel Post; CT, Customer Truck. | 6. Number of packages of 25's.                        |
| 3. Invoice number of product shipped into another state.   | 7. Indicate whether shipped cigarettes were tax paid. |
| 4. Complete Name, Address and City of company of person to whom cigarettes were sold.              |   |

**Indicate shipments of "Little Cigars."**  
**List separately from shipments of cigarettes.**

**Shipment of Untaxed Cigarettes by Distributors  
Not Permitted in Iowa**

(1) Date	(2) Ship	(3) Invoice Number	(4) To Whom Sold – Name and Address	(5) # Packs (20's)	(6) # Packs (25's)	(7) Tax Paid (Yes/No)

This report is to be made in duplicate.  
Mail original and duplicate to:  
Iowa Department of Revenue  
Cigarette Tax Unit  
PO Box 10456  
Des Moines IA 50306-0456

Sub Total: This Page Only \_\_\_\_\_  
Grand Total \_\_\_\_\_